

16138 U.S. PTO
040704

Certificate of Mailing By "U.S. Express Mail" Under 37 C.F.R. 1.10(e)		04/07/04
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I hereby certify that this paper and/or fee is being deposited with the United States Postal Service "EXPRESS MAIL POST OFFICE TO ADDRESSEE" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Assistant Commissioner For Patents, P.O. Box 1450, Alexandria 22313-1450		
Name: Laurie de Leon	04/07/04	
Signature	Date	

15364 U.S. PTO
10/821008
040704

Docket No.: LUX-P015CONT

APPLICATION TRANSMITTAL LETTER

Commissioner of Patents
P.O. Box 1450.
Alexandria, VA 22313-1450

ATTN: MAIL STOP PATENT APPLICATION

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): **Paddon, et al.**

Entitled: **"PHOTONIC INPUT/OUTPUT PORT"**

12 No. pages of specification, including title page, claims and abstract
16 No. sheets of X informal, _____ formal drawings

Also enclosed are:

- X A copy of a Revocation of Prior Power(s) of Attorney and New Power of Attorney
- X Form PTO-1595 (Recordation Cover Sheet for Assignment)
- X A executed Assignment to **LUXTERA, INC**
- X Application Data Sheet (5 sheets)
- X A Preliminary Amendment

FEES DUE

X Applicant Claims Small Entity Status (37 CFR 1.27)

The fees due for filing the application pursuant to 37 C.F.R. 1.16 and for recording the Assignment, if any, are determined as follow:

CLAIMS					
	No. of Claims		Extra Claims	Rate	Fees
Basic Application Fee (\$770.00 large entity; \$385 small entity)					\$ 385.00
Total Claims	10	Minus 20 =	0	X \$18 = X \$ 9 (small) =	0.00
Total Independent Claims	1	Minus 3 =	0	X \$86 = X \$43 (small) =	0.00
If Multiple Dependent Claims are presented, add \$290.00 or \$145.00(small)					
If Assignment enclosed, add Assignment Recording Fee \$40.00					40.00
TOTAL APPLICATION FEE DUE					\$ 425.00

PAYMENT OF FEES

The full fee due in connection with this communication is
and is provided as follows:

\$ 425.00

_____ The Commissioner is hereby authorized to charge the fees associated with this communication or credit any overpayment to **Deposit Account No: 500482**. A duplicate copy of this authorization is enclosed.

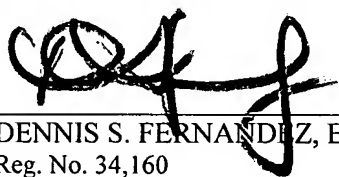
X A Check No. 1037 for the above-specified full fee is enclosed. However, in case Applicant inadvertently miscalculated any required fee, the Commissioner is hereby authorized to charge the necessary additional amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**. A duplicate copy of this authorization is enclosed.

Please direct all correspondence concerning the above-identified application to the following Custom Number and Address:

Customer No: 22877

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Respectfully submitted,



DENNIS S. FERNANDEZ, ESQ
Reg. No. 34,160

04/07/04
Date